

Calhoun County Homeowner Rehabilitation Program  
315 West Green Street, Marshall, MI 49068  
Phone: (269) 781-0744 Email: arobinson@calhouncountymi.gov

Application

Name of Applicant(s): _____		
Address: _____		
Street and PO Box Number	City	Township
Home Phone Number: _____	Cell: _____	Cell: _____
Is this a mobile home?    Yes      No	How long have you owned this home? _____	
# of Rooms: _____	# of Bedrooms: _____	# of people residing at this residence: _____

Household Member Name	Social Security Number	Date of Birth

<b>Household Income Information</b>		
Including, but not limited to: Employment, S.S., S.S.I., Child Support, DHHS, Unemployment, Pension, V.A. Benefits, Disability, Investment Income, Rental Income, etc., <b>MUST INCLUDE ALL INCOME SOURCES!</b>		
Household Member Name	Source of Income	Monthly Income

**Information on Property to be Rehabilitated:**

Do you have a mortgage on this property?      Yes      No      If not, what year was it paid off? \_\_\_\_\_

Name and Address of Lender or Land Contract Holder: \_\_\_\_\_

\_\_\_\_\_

MONTHLY HOUSING EXPENSES		CURRENT ASSETS	
House Payment	\$	Cash Accounts & Savings Accounts	\$
Heat (gas, oil, electric, wood)	\$	U.S. Savings Bond	\$
Utilities (electric, water)	\$	Stocks/Securities	\$
Homeowners Insurance	\$	Real Estate Equity (Market Value less Balance)	\$
Property Taxes	\$	Life Insurance with Cash Surrender Value	\$
Maintenance	\$	Treasury Bills/ Certificates of Deposit (CD)	\$
Telephone	\$	Other _____	\$
Other _____	\$	Other _____	\$
Other _____	\$	Other _____	\$
<b>Total Monthly Housing Expenses</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>

For the purpose of processing this application, I (we) do hereby authorize the Calhoun County staff members, to be determined by them, to make an inspection of my/our home for the purpose of determining the housing repairs necessary to bring the house up to code or uniform physical conditions standards as defined by MSHDA and Program Guidelines.

I (We) understand that the repairs necessary and the amount of money required for such repairs will be the basis for a loan application from the Calhoun County Homeowner Program or its designated funding source. I (We) also understand that an inspection of the house is in no way a guarantee that a loan application will be approved.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**VISUALLY AND HEARING IMPAIRED:**

- Disability Network of Southwest Michigan- Contact Information TBD



Equal Housing Opportunity

